

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006740

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1381

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

3-11-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

Laura A. Keen

ITEM NO.

13b

BY AFFIDAVIT OF

Funeral Director

FRANK PAUL LAURENCE

MEDICAL CERTIFICATION

1. PLACE OF DEATH  
a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b  
9 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 3217 CLEVELAND AVENUE  
MALOTTA-BERNARDON H.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2634 INDIANA AVENUE

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First FRANK

Middle C.

Last LEWIS

4. DATE OF DEATH

Month FEBRUARY Day 27 Year 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/27/1859

9. AGE (last birthday)

103

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

PUBLIC SERVICE

11. BIRTHPLACE (City and state or country)

PLAINFIELD, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN LEWIS

13b. MOTHER'S MAIDEN NAME

Laura A. Keen

14. NAME OF HUSBAND OR WIFE

JENNIE LEWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. HELEN WILSON

Address

KANSAS CITY, MISSOURI  
2634 INDIANA AVE.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage  
Hypertension  
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 day  
10 years  
12 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-5-60 to 2-27-63 and last saw him alive on 2-27-63  
Death occurred at 9:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank Paul Laurence M.D.

(Degree or title)

22b. ADDRESS

428 So. White Ave

22c. DATE SIGNED

2-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

MARCH 2, 1963

23c. NAME OF GEMERIES OR CREMATORY

D.W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS 1331 BRUSH STREET KANSAS CITY, MO

25. DATE RECD. BY LOCAL REG.

3-1-63

26. REGISTRAR'S SIGNATURE

Keith Long

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lois Sweet*

Licensed Embalmer No. 4096

P. O. Address A.C. 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.